

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
American Innovation Political Action Committee (AMI PAC)

Full Name (Last, First, Middle Initial)

A. Democratic State Central Committee of CA - Federal

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 06 | | 2016 |

Mailing Address 1830 9th St

Transaction ID : VN7NPA1KVH1

City Sacramento State CA Zip Code 95811-7012

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

Purpose of Disbursement
Contribution

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

Democratic State Central Committee of CA - Federal

Memo Item

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Mailing Address

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

City State Zip Code

Purpose of Disbursement

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

Memo Item

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Mailing Address

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

City State Zip Code

Purpose of Disbursement

| |
|-------------------|
| Category/ Type |
|-------------------|

Candidate Name

Memo Item

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

| |
|---------|
| 5000.00 |
|---------|

TOTAL This Period (last page this line number only)..... ▶

| |
|---------|
| 5000.00 |
|---------|